Request for permission for oral testimony at Idaho Medicaid's P&T Committee meeting on 04-15-2011

Submission # 13

The following request has been:

- Approved
- Denied

Gennrich, Jane - Medicaid

From: Eide, Tamara J. - Medicaid
Sent: Wednesday, March 16, 2011 11:06 AM
To: Gennrich, Jane - Medicaid
Subject: FW: Upcoming P&T Meeting
Attachments: Letairis Medicaid.doc

Tami Eide, Pharm.D., BCPS
Medicaid Pharmacy Program Supervisor/Manager
Idaho Department of Health and Welfare
eidet@dhw.idaho.gov
3232 Elder St.
Boise, ID 83705
208-364-1829
800-327-5541 fax

From: Patricia Bourne [mailto:Patricia.Bourne@gilead.com]
Sent: Wednesday, March 16, 2011 10:19 AM
To: Eide, Tamara J. - Medicaid
Subject: RE: Upcoming P&T Meeting

Please delete previous attachment. Please let me know if you need any additional information.

Thank you,
Tricia

Patricia Bourne, Pharm D
Associate Director, Medical Sciences
Managed Care Government Accounts
Gilead Sciences, Inc
Cell: 559-280-4967
Office: 559-732-3231
Fax: 559-741-9123
E-Mail: patricia.bourne@gilead.com

From: Patricia Bourne
Sent: Wednesday, March 16, 2011 9:07 AM
To: 'Eide, Tamara J. - Medicaid'
Subject: RE: Upcoming P&T Meeting

Tami,
Apologies for the delay. Please let me know if this will do...it will reflect some of the PI changes.

Thank you!
Tricia

Patricia Bourne, Pharm D
Associate Director, Medical Sciences
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From: Eide, Tamara J. - Medicaid [mailto:EideT@dhw.idaho.gov]
Sent: Tuesday, March 15, 2011 4:31 PM
To: Patricia Bourne
Cc: Deborah Wafer
Subject: RE: Upcoming P&T Meeting

A transcript and reference is usually sent. If approved the time limit is 1.5 -5 minutes depending on the number of presentors.

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From: Patricia Bourne [mailto:Patricia.Bourne@gilead.com]
Sent: Tuesday, March 15, 2011 4:52 PM
To: Eide, Tamara J. - Medicaid
Cc: Deborah Wafer
Subject: RE: Upcoming P&T Meeting

Tami,
Is that all the information that I need to send to you or do I need to send you exactly what will be said if approved? Also is there a time limit?

Sorry for so many questions.

Thank you,
Tricia

Patricia Bourne, Pharm D
Associate Director, Medical Sciences
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From: Eide, Tamara J. - Medicaid [mailto:EideT@dhw.idaho.gov]
Sent: Tuesday, March 15, 2011 3:47 PM
To: Patricia Bourne
Cc: Deborah Wafer
Subject: RE: Upcoming P&T Meeting

It can be email to me.

Tami Eide, Pharm.D., BCPS
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From: Patricia Bourne [mailto:Patricia.Bourne@gilead.com]
Sent: Tuesday, March 15, 2011 4:38 PM
To: Eide, Tamara J. - Medicaid
Cc: Deborah Wafer
Subject: RE: Upcoming P&T Meeting

Tami,
Both Deborah and I are new to government accounts, so I was not sure where to send in the request for public comment regarding our new label change to Letairis for PAH and data to support the change.

- Removal of the risk of potential liver injury from Boxed WARNING and Warning and Precautions
- Monthly testing for serum liver enzymes no longer required for distribution of Letairis

Thank you,

Patricia Bourne, Pharm D
Associate Director, Medical Sciences
Medical Affairs, Gilead Sciences
559-280-4967

From: Eide, Tamara J. - Medicaid [mailto:EideT@dhw.idaho.gov]
Sent: Monday, March 14, 2011 11:05 AM
To: Deborah Wafer
Subject: RE: Upcoming P&T Meeting

Deborah:

Here is the link to the Public Comment Policy. http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=qrJyLZwwiEY%3d&tabid=207&mid=7309. Note that tomorrow is the last day to submit.

Tami Eide, Pharm.D., BCPS
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From: Deborah Wafer [mailto:Deborah.Wafer@gilead.com]
Sent: Monday, March 14, 2011 11:52 AM
To: Eide, Tamara J. - Medicaid
Subject: Upcoming P&T Meeting
Importance: High

Hi Tami,

I hope all is well. I am writing to request time for Gilead Medical Scientist can be added to the April P&T agenda to present new information on Letairis for the treatment of PAH.

Please let me the procedure to ensure there is time for public comment.

Thank You

Deborah Wafer
National Accounts Manager
Gilead Sciences Inc.

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The information contained in this email may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this email in error, please reply to the sender that you have received this information in error. Also, please delete this email after replying to the sender.

Idaho Medicaid P & T Committee
Letaris® Ambrisentan
April 2011

LETAIRIS® is an endothelin receptor antagonist (ERA) that is selective for the endothelin type-A (ET_A) receptor. LETAIRIS is indicated for the treatment of PAH (World Health Organization (WHO Group 1) to improve exercise ability and delay clinical worsening. Studies establishing effectiveness included predominantly patients with WHO Functional Class II-III symptoms and etiologies of idiopathic or heritable PAH (64%) or PAH associated with connective tissue disease (32%)[1] LETAIRIS is contraindicated in pregnancy.

The Updated Evidence-Based Treatment Algorithm in Pulmonary Arterial Hypertension (June 2009) make a strong recommendation for LETAIRIS in PAH patients with WHO functional class II and III symptoms.[2]

We ask that you consider the following important scientific advances for inclusion of LETAIRIS on the Idaho Medicaid Preferred Drug List:

Reliable improvements: Improved exercise ability is seen as early as 4 weeks after the initiation of Letairis, and at 12 weeks the placebo-adjusted mean 6 minute walk distance (6MWD) increased from baseline by up to 59m with LETAIRIS 5 mg.

- Two-year data from ARIES-E showed sustained improvements from baseline in mean 6 minute walk distance (6MWD) for the ambrisentan 5 mg and 10 mg groups. Observed changes from baseline in 6MWD at Year 2 for the 5 mg group were 23 meters. For the 10 mg group, the changes were-d 28.0 meters.[3]

Sustained clinical benefits: 95% of patients were still alive after 48 weeks of therapy with LETAIRIS (Kaplan-Meier estimates). 94% of patients were still on LETAIRIS monotherapy at 1 year.

- An estimated 88% of patients were still alive at two years. According to the 2-year cumulative data, 82% of patients remained on monotherapy.

Simple dosing from the start: LETAIRIS is the only ERA administered as one pill, once a day. Patients begin treatment at a dose with demonstrated efficacy. Initiate treatment at 5 mg daily and consider increasing the dose to 10 mg if 5 mg is tolerated. Dosage adjustment may be tolerated to patients' tolerance.

Drug-drug interaction profile: LETAIRIS has no clinically significant drug interactions with any drugs including strong CYP3A4 inhibitors like ketoconazole, CYP2C19 inhibitors such as omeprazole or major substrates of 3A4, ethinylestradiol/ norethindrone. Specific drug-drug interaction studies have shown no interactions with other oral PAH specific medications including sildenafil and tadalafil.

- Studies have shown no interactions with immunosuppressives mycophenolate mofetil[4] and tacrolimus[5]

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[1] LETAIRIS (ambrisentan) tablets for oral use. US Prescribing Information. Gilead Sciences, Inc., Foster City, CA. March 2011.
[2] Barst RJ, Gibbs JSR, Ghofrani HA, et al. Undated evidence-based treatment algorithm in pulmonary arterial hypertension. *J Am Coll Cardiol.* 2009; 54(1 supp):S78-S84.
[3] Oudiz RJ, Galie N, Olschewski H, et al. Long-term ambrisentan therapy for the treatment of pulmonary arterial hypertension. *J Am Coll Cardiol.* Nov 17 2009;54(21):1971-1981.
[4] Data on File, Gilead Sciences

Multiple dose co-administration of ambrisentan and cyclosporine (CsA) resulted in an approximately 2-fold increase in ambrisentan exposure in health volunteers; therefore limit the dose of ambrisentan to 5mg once daily when co-administered with cyclosporine. Ambrisentan has not been shown to inhibit or induce the metabolism of other medications. Ambrisentan is not contraindicated for use with any other drug.

Liver function safety data: As of March 2011, LETAIRIS had a favorable label change with the removal of the information relating to the risk of Potential Liver injury in the Boxed WARNING and Warning and Precautions. Furthermore, monthly monitoring for serum liver enzymes is no longer required for distribution of LETAIRIS.

At Week 12 of the integrated ARIES-1 and ARIES-2 patient population, none of the patients receiving ambrisentan developed serum aminotransferase concentrations > 3 x ULN compared with 3 patients (2.3%) in the placebo groups. Furthermore, LETAIRIS is the only ERA that may be tried in patients who have discontinued other ERAs due to hepatotoxicity. (reference McGoon AMB-222 paper)

- At year 2 of ARIES-E, the estimated risk of ALT/AST (alanine aminotransferase/aspartate aminotransferase) >3 x ULN was 1.8% during the first year of treatment and 3.9% during the cumulative 2-year treatment period.
- AMB-222 is a phase 2, open-label, multicenter, single-arm study designed to evaluate the incidence of LFT abnormalities after starting treatment with ambrisentan in patients who previously discontinued ERA therapy with bosentan and/or sitaxsentan due to serum aminotransferase abnormalities. No patient in AMB-222 had a serum ALT or AST concentration >3x ULN resulting in LETAIRIS discontinuation. With a median follow-up of 13 months and with 50% of patients enrolled in AMB-222 increasing the dose of LETAIRIS to 10 mg, no patients receiving LETAIRIS were discontinued due to aminotransferase elevations.
- A retrospective, post-marketing analysis was conducted from the data of two databases, the Letairis Education and Access Program (LEAP) and the LabSync Program.[5] [6]
    - In the LEAP database, there were 238 spontaneous reports from 9,464 patients relating to potential hepatic events. This 2.5% incidence is similar to that seen in the earlier placebo-controlled trials. Out of these reports, 60 cases were confirmed as hepatic medical adverse events; however, none of these cases was consistent with drug-induced liver injury.
    - In the LabSync database, the incidence of LFT elevation from the 960 patients was 1.7%, again similar to that seen in the earlier placebo-controlled trials.

  Postmarketing data suggest no association between LETAIRIS and drug induced liver injury.

Manageable access: Again, the FDA recently removed the potential for liver injury from LETAIRIS's boxed warning. The boxed warning remains for the teratogenicity for LETAIRIS and continues to be available only through a special restricted distribution program called LEAP. Monthly pregnancy tests for women of childbearing potential continue to be required to dispense LETAIRIS.

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[5] McGoon MD, Peschel T, Pizzuti D, et al. Post Marketing Hepatic Safety Profile of Ambrisentan in Patients with PAH [Poster Number 1061]. Paper presented at: 9th International PH Conference and Scientific Sessions; June 25-27, 2010; Garden Grove, California, USA Poster Number1061Introd.

[6] Data submitted to FDA, Gilead Sciences, Inc